

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21617

1. PLACE OF DEATH

County Jacobsburg Registration District No. 399 File No.
 Township Kan Primary Registration District No. 1002 Registered No. 2055
 City Kansas City (No. Old City Hospital) St. Ward)

2. FULL NAME

Joe Crayman
 (a) Residence No. 1245 Myrtle St. 4 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE C. A. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter
 (b) General nature of industry, business, or establishment in which employed (or employer) ..
 (c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Spokane, Idaho

10. NAME OF FATHER Joe Crayman

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Idaho

12. MAIDEN NAME OF MOTHER Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Idaho

14. INFORMANT (Address) Old City Hospital
R. C. Moore

15. FILED 7/28 27 M. M. Corone REGISTRAR
MO

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1927

17. I HEREBY CERTIFY That I attended deceased from 4-30, 1927, to 7-25, 1927 that I last saw him alive on 7-25, 1927, and that death occurred, on the date stated above, at 11:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute myocardium

CONTRIBUTORY (SECONDARY) 92A 90A
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, ..

DID AN OPERATION PRECEDE DEATH, .. DATE OF ..

WAS THERE AN AUTOPSY? ..

WHAT TEST CONFIRMED DIAGNOSIS? Chin.

(Signed) H. M. Smith, M. D.
7/26, 1927 (Address) R. C. Moore

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leeds Crematory DATE OF BURIAL 7/28 1927
 ADDRESS West 13th St. / 600 E. 19th

20. UNDERTAKER West 13th St. / 600 E. 19th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

